

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gergley for Gahanna				
Full Name of Contributor Jim and Nancy McGregor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 180 Academy Ct		Description of Item or Service Cookies, Refreshments		M: 0 D: 4 Y: 0715 Fair Market Value 25.00
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Brian Robertson		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 674 Woodmark Run		Description of Item or Service Postage/Printing		M: 0 D: 4 Y: 0715 Fair Market Value 30.00
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Jim and Nancy McGregor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 180 Academy Ct		Description of Item or Service Postage		M: 0 D: 4 Y: 0215 Fair Market Value 36.80
City Gahanna		State OH	Zip Code 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M: D: Y: Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M: D: Y: Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M: D: Y: Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M: D: Y: Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]